A Family's View of Integrated Treatment

“We are grateful to the State of Washington, whose commitment to helping troubled youth and their families facilitated so much positive growth individually for our son, and collectively for us as his family.”

Excerpt from an unsolicited letter written by a parent whose son was a resident in a JRA site

Population Demographics

<table>
<thead>
<tr>
<th>Residential</th>
<th>Parole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>66%</td>
</tr>
<tr>
<td>Female</td>
<td>34%</td>
</tr>
<tr>
<td>White</td>
<td>78%</td>
</tr>
<tr>
<td>Black</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Minorities</td>
<td>15%</td>
</tr>
<tr>
<td>Ethnic</td>
<td>95%</td>
</tr>
</tbody>
</table>

Minority Population Breakdown in JRA:
- Hispanic: 7%, 3%
- Black: 4%, 5%
- Native American: 5%
- Asian: 4%, 3%
- Other: 2%, 2%

Average age of JRA youth:
- Females: R 16 years; P 17 years
- Males: R 16.5 years; P 17 years

Service Needs

<table>
<thead>
<tr>
<th>Cognitive Impairments</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Fragile</td>
<td>2%</td>
</tr>
<tr>
<td>Chemically Dependent</td>
<td>66%</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>12%</td>
</tr>
<tr>
<td>Sexual Misconduct</td>
<td>8%</td>
</tr>
</tbody>
</table>

Residential Population December 2004

Juvenile Justice Mission

- Protect the public
- Hold juvenile offenders accountable
- Reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residence and the community

Services in Juvenile Justice

What We Know

- Adjudicated adolescents are not just delinquents, but have complicated problems
- Successful treatment requires the right service at the right time
Co-Occurring Disorder Service Needs

- Residential
- Parole Aftercare

<table>
<thead>
<tr>
<th>Service Needs</th>
<th>Needs 2</th>
<th>Needs 3</th>
<th>Needs 4 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Impairment</td>
<td>32%</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Medical Fragility</td>
<td>36%</td>
<td>25%</td>
<td>8%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>13%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>21%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Sex Offender Issues</td>
<td>32%</td>
<td>21%</td>
<td>7%</td>
</tr>
</tbody>
</table>

88% of JRA youth in residential care and on parole aftercare have 2 or more service needs.

Mental Health Service History

- 402 youth in residence
- 68% of those youth meet the total Mental Health Target
- Population definition
  - 28% have had prior psychiatric hospitalization
  - 40% have had community mental health services

Treatment Across a Continuum of Care

- Use “what works” to reduce recidivism and protect communities
- Emphasize families as major part of solution to youth’s problem behavior
- Give the right treatment at the right time

How did we proceed?

Selected several programs to implement that had evidence they were effective

The Evidence-Based Menu

- Implemented evidence-based treatment programs:
  - 1998: Dialectical Behavior Therapy (DBT) Pilot, Echo Glen Children’s Center Cottage
  - 1999: Functional Family Therapy (FFT)
  - 1999: Aggression Replacement Training
  - 2001: Family Integrated Transition (FIT)
  - 2003: Cognitive Behavioral Treatment (CBT)
  - 2004: Multi-Dimensional Treatment Foster Care (MTFC)
- Redesigned parole program
  - 2003: Implemented Functional Family Parole

How did we proceed?

Developed and utilized a risk and protective factor assessment to screen youth for eligibility
Risk and Protective Factor Assessment

Multiple Domains Evaluated
- Family History and Current Living Arrangements
- School
- Relationships
- Use of Free Time
- Mental Health
- Drug and Alcohol Use
- Skills
- Attitudes
- Aggression

Tool developed by Robert Barnoski, Ph.D. at the Washington State Institute for Public Policy

Scoring of assessment guides selection of treatment program

Tools has been validated

Report found at wsipp.wa.gov

How did we proceed?

Studied the impact of the programs through comparison group research

FFT Results

From WSIPP report dated 1/2004 available at www.wsipp.wa.gov

How did we proceed?

Included probation and parole counselors in the effort to engage families

Functional Family Parole
Functional Family Parole Philosophy

- Involve entire family
- Show respect and create responsibility
- Respect differences and unique nature of each family
- Engage family members through an alliance between all family members and the parole counselor
- “Work with” rather than “work on” youth and family

Parole Services
Functional Family Parole

Shift

Offender Focused
- Individual focus
- Intensive surveillance
- Strong emphasis on sanctions
- Parole counselor works on youth problems
- Youth enrolled in programs to reduce free time

Family Focused
- Engage the entire family to:
  - Hold youth accountable
  - Improve community safety
  - Improve outcomes for youth
- Work with whole family
- Based on Functional Family Therapy
- Provide additional evidence-based programs based on identified needs

How we made it happen

- Provided all supervisors and staff with initial training
- Followed up with weekly consultation for staff with an internal FFT/FFP expert
- Brought in outside FFP consultation for staff
- Changed standards and paperwork to support the model

Changes in standards

Engagement and Motivation Phase:
During the Engagement and Motivation Phase, the community counselor meets with the family regularly to assist the family and youth in meeting the key indicators of family readiness to move to the Support and Monitor Phase.

The community counselor will attempt to meet with the family weekly during the first three weeks of parole.

Key indicators include:
- The family participates in meetings.
- A balanced alliance is developed.
- There is an increase in hopefulness and a decrease in blaming.
- The community counselor has established trust and credibility.
- The problems are defined relationally.
- Each family member sees a role in solving the problem.
- The family is willing to talk and listen.
- The family completes small homework assignments as needed.

Family Comment

“This [FFP] has been very helpful for me. I am trying not to do the things that I have done in the past and being able to talk with someone about it helps me to think about it before it happens.”

(Parent of Region 1 FFP youth)